

ADULT DAY CARE AND FAMILY ADULT DAY CARE BACKGROUND CHARACTER VERIFICATION

Completion of this form is required by the adult day care and family adult day care certification standards, developed in accordance with 42 CFR 441.352(a)(1) and (2). **Only Adult Day Care and Family Adult Day Care providers use this form.** Failure to complete this form may result in the issuance of a statement of deficiencies. Providing your social security number is voluntary. If provided, it will be used only as a unique identifier to help prevent an incorrect match in the background check.

Check the box that applies to you:

- | | |
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| <input type="checkbox"/> Applicant for certification | <input type="checkbox"/> Household member / occupant |
| <input type="checkbox"/> Employee / applicant for employment | <input type="checkbox"/> Volunteer / student / intern / other |

Name (last, first, middle)		Social Security Number	
Any Other Names By Which You Have Been Known (including maiden name)		Gender (M / F)	Birthdate
Address	City	State	Zip Code

Name – Adult Day Care			
Address	City	State	Zip Code

A. Have you ever been CONVICTED of the following:	Yes	No
1. Abuse of adults or children?	<input type="checkbox"/>	<input type="checkbox"/>
2. Crimes against children, such as, but not limited to, sexual exploitation of children, child abduction, child neglect, contributing to the delinquency or neglect of a child, enticing a child, enticing a child for immoral purposes, exposing a minor to pornography or other harmful materials, incest or any crime involving children as victims or participants?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sexual assault, indecent exposure, lewd and lascivious behavior or any crime involving non-consenting sexual conduct?	<input type="checkbox"/>	<input type="checkbox"/>
4. Armed robbery, aggravated battery, false imprisonment, kidnapping, homicide, any crimes involving bodily harm or threat of bodily harm, any crime involving use of a dangerous weapon or any crime evidencing disregard to health and safety?	<input type="checkbox"/>	<input type="checkbox"/>
5. Offenses involving narcotics, alcohol or controlled substances that result in conviction?	<input type="checkbox"/>	<input type="checkbox"/>
6. Theft, burglary, receiving stolen property, extortion, forgery, concealing identify, embezzlement or arson?	<input type="checkbox"/>	<input type="checkbox"/>
7. Crimes involving a substantial misrepresentation of any material fact to the public, including bribery, fraud, racketeering or allowing an establishment to be used for illegal purposes?	<input type="checkbox"/>	<input type="checkbox"/>
8. Operating a motor vehicle while under the influence of an intoxicant or other drug; operating after license revocation; leaving the scene of an accident after injury to or death of a person, or damage to a vehicle driven or attended by a person?	<input type="checkbox"/>	<input type="checkbox"/>
9. Cruelty, neglect or abandonment of animals or instigating fights between animals?	<input type="checkbox"/>	<input type="checkbox"/>
B. Are there charges PENDING against you for any of the offenses included in items A.1. through A.9.?	<input type="checkbox"/>	<input type="checkbox"/>

For any Yes response under items A or B, attach a detailed written explanation including what you were convicted of, and when, where and in what court the conviction occurred. For pending charges, indicate what the charges are and where the charges are pending. If possible, attach copies of any criminal complaint and if convicted, a copy of the criminal judgement and any other relevant court documents pertinent to the questions raised.

C. Have you ever been the subject of a substantiated finding of child abuse or neglect or elder abuse? If Yes, explain when, where and what county social or human services agency made the finding.	<input type="checkbox"/>	<input type="checkbox"/>
D. Does the Wisconsin Caregiver Misconduct Registry have a substantiated finding that you abused or neglected a client, or misappropriated the funds or property of a client?	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you resided, been employed or attended school in any other state(s) in the last 5 years? If Yes, list the state(s):	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE – Person Completing This Form	Date Form Signed
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